

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11979
2189

FILED MAR 18 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) YRS.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 154 SIDNEY STREET			d. STREET ADDRESS (If rural, give location) 23 154 SIDNEY STREET 0		
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) MATHIAS		b. (Middle) MARTIN	
4. DATE OF DEATH FEB. 25, 1953		c. (Last)		5. DATE (Month) (Day) (Year)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 14, 1862		9. AGE (In years last birthday) 90		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) MONTGOMERY COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE MARY MARTIN	
13a. FATHER'S NAME COLEMAN MARTIN		13b. MOTHER'S MAIDEN NAME ? SHEETS		14. NAME OF HUSBAND OR WIFE MARY MARTIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARY MARTIN 154 Sidney St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility Generalized DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 1245 P.M., from the causes and on the date stated above.					
23. SIGNATURE Patrick E. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 2/26/53		24c. NAME OF CEMETERY OR CREMATORY VALHALLA	
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE J. LEE MOTHERSHEAD		ADDRESS DE SOTO MO.	
DATE REC'D BY LOCAL REG. FEB 26 1953		REGISTRAR'S SIGNATURE J. Carl Smith		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J Lee Mathushead

Licensed Embalmer No. *3531*

P. O. Address *De Soto Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.